MCH Data Brief

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Kentucky Department for Public Health, Division of Women's Health

Preconception Health

To improve birth outcomes and reduce infant mortality, we must improve the health of women before, during, and beyond pregnancy. Although prenatal care is important, trying to intervene only during the small window of pregnancy minimizes the opportunities to improve birth outcomes. According to the CDC, all women of childbearing age should receive preconception care services that will enable them to enter pregnancy in optimal health, and reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period to prevent or minimize problems for a mother and her future children. Addressing health issues before and between pregnancies, such as obesity, diabetes, heart disease, smoking, and mental health issues greatly improves the chances for healthy mothers and infants.

The CDC has for 20 years recommended a set of evidence based practices for preconception/interconception care[1]. More recently, the Institute of Medicine has published a report on Clinical Preventative Services for Women: Closing the Gaps (2011). These recommendations include a well-woman visit at least annually, immunizations, access to family planning, use of folic acid, management of chronic diseases, counseling and treatment for smoking or other substance abuse, and screenings for domestic violence and depression.

A major barrier to women receiving preconception/interconception care has been coverage for preventative services for women. An estimated one in five women of childbearing age (15-44 years old) is uninsured. Women who are neither pregnant nor raising children are likely to be uninsured and generally do not qualify for Medicaid. Many women go without care due to cost. Health care reform will improve this access, but it is anticipated that there will still be gaps. To improve utilization of preconception services, both providers and the public will need to better understand the value of preconception care and its role in improving birth outcomes.[2]

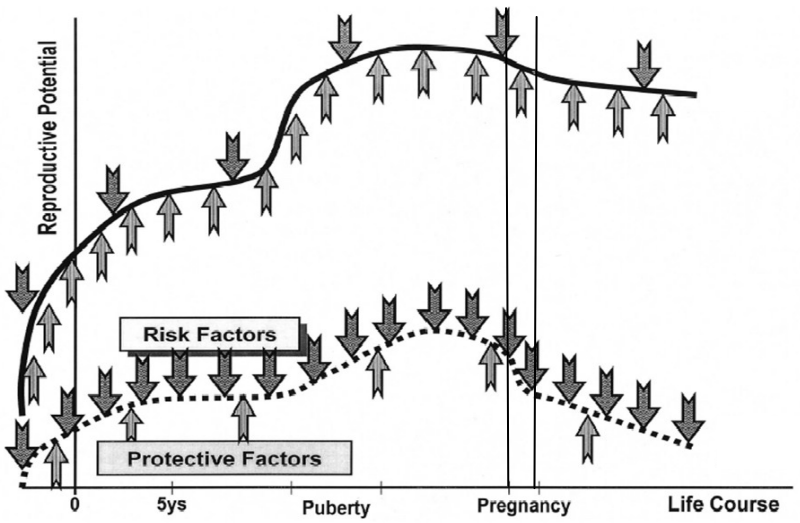
CDC Recommendations on Preconception Care

1) Individual Responsibility across the Life Span
2) Consumer Awareness
3) Preventive "well woman" Visits
4) Intervention for Identified Risks
5) Interconception Care
6) Pre-Pregnancy Health Check-Ups
7) Health Insurance Coverage for Women with Low Incomes
8) Public Health Programs and Strategies
9) Research
10) Monitoring Improvements

SOURCE: MMWR 55(RR06); 1-23, April 1, 2006

Women's Health across the Life Course

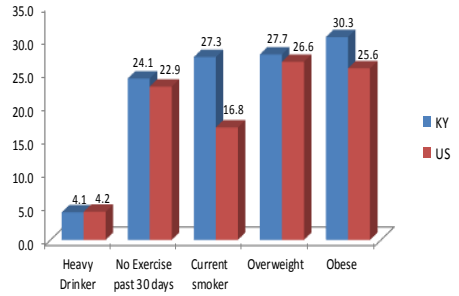
The Life Course Perspective explains the importance of preconception and interconception care as well as many disparities. The trajectory of a person's health across the life course is a balance of risk factors and protective factors. Arrows are cumulative over time. We now know that the chronic stresses that women deal with every day, such as poverty, unsafe neighborhoods, lack of education, domestic violence, substance abuse, depression and others create toxic stress that causes physiologic changes that wear down the person's health—the "weathering effect".



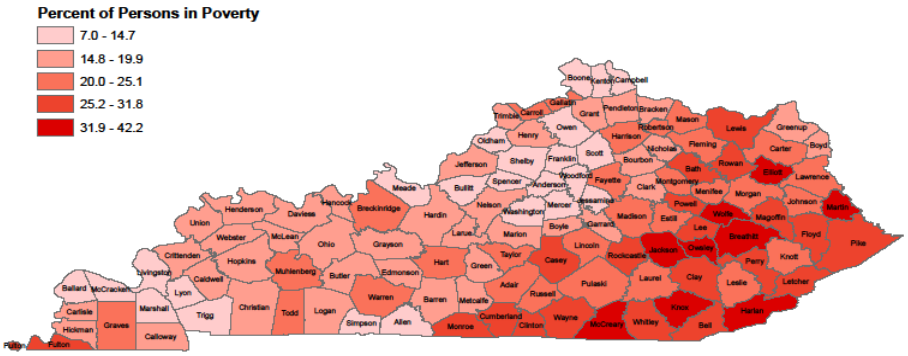
- In the past we have focused on reducing risk factors. Newer strategies now also work on building protective factors. Even from young ages, the building of protective factors and strengths are effective ways to improve resilience and lead to better health.
- Disparities, whether racial/ethnic, economic, or geographic are due in large part to differences in stressors in the enviroments for these populations, creating "weathering" and worse health outcomes.

Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. Maternal Child Health J. 2003;7:13-30.

Health Status of Kentucky Women of Child-Bearing Age (18-44)



Percent of Kentuckians Living in Poverty by County: 2010



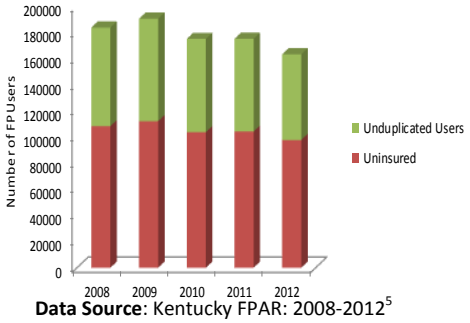
Data Source: Kentucky State Data Center[3]

Women in Need in Kentucky

In 2010, there were 437,721 Kentucky women, who were childbearing ages 13-55 and at or below 185% of the Federal Poverty Level (FPL). In 2008-2009, 21% of nonelderly, adult women were uninsured and 15% were covered by public insurance. The Guttmacher Institute estimated in 2008 that there were 264,900 'women in need' of publicly funded contraceptive services in Kentucky. This was a 10% increase from 2000.

The Kentucky Public Health Family Planning Program consistently serves between 35% and 40% of these women each year. Care, counseling and education around contraceptives is not the only service provided to these women. If a woman presents with a chronic condition, she is treated or referred for treatment which is another way of optimizing her potential preconception health.

Family Planning Annual Report Number of Unduplicated Family Planning Users



Data Source: Kentucky FPAR: 2008-2012[5]

HRSA Collaborative Improvement and Innovation Network: Preconception/Interconception Care Team

This HRSA COIIN team has targeted specific Medicaid strategies to improve preconception/interconception services related to improved birth outcomes. These fall under three main strategy categories:

1) Increased access and use of Medicaid-financed family planning visits (with or without a waiver); Effective March 2010, the Affordable Care Act introduced the opportunity for states to expand Medicaid coverage for Family Planning Services through a State Plan Amendment (SPA) offered through the Centers for Medicaid Services (CMS). CMS, through demonstration/waiver projects for expansion of Family Planning services since the 1990's, showed a significant reduction in Medicaid-paid births and a savings of Federal and State dollars. Currently, Kentucky has neither the waiver nor a SPA*.

2) Promoting waivers to allow case management and access to care for women with a previous adverse pregnancy outcome, to prevent a recurring bad infant outcome; and

3) New models and strategies to improve postpartum visits and appropriate psychosocial screenings.

* It is estimated that Kentucky could save a minimum of $635,000 during the first year of expanding Medicaid coverage to include Family Planning Services. During a mature year, that estimate goes up to $16,370,000. In addition to the cost savings, there would be a reduction in the number of unintended pregnancies (59.8% in 2009) which have higher risk for adverse birth outcomes and later child abuse. Kentucky is pursuing this possibility in hopes of expanding eligibility to cover more women in need.[6]

Healthy babies start with healthy moms. Healthy moms start with healthy women.

References:

1. Recommendations to Improve Preconception Health and Health Care; United States, MMWR, April 21, 2006/55(RR06): 1-23
2. Johnson, K. Report of the Secretary's Advisory Committee on Infant Mortality (SACIM), January 2013
3 Data Source: CDC Behavioral Risk Factor Surveillance System (BRFSS) , WEAT, 2010
4 Data Source: Kentucky State Data Center, population data, 2010
5 Data Source: Kentucky Family Planning Annual Report (FPAR), 2008-2012
6 Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services: 2011 Update, Guttmacher Institute, January 2011